



NO PPO
REQUIREMENTS*

Member Name:

Insured Spouse:
Dependent(s):

Member ID:

Effective Date:

Primary Care Office Visit Copay:

Specialty Doctor Office Visit Copay:

*This health insurance plan has no PPO network restrictions. All licensed medical providers accepted. Reimburses up to 125%/150% of Medicare for Physicians/Facility fees. Call to verify benefits/limitations/exclusions.

Send Claims To:

Allied National c/o Zelis
Box 247 Alpharetta, GA 30009-0247
EDI Payor ID: 07689

BIN: 018729
PCN: GBX *
GRP: HCHRX

For Claim & Benefit Questions:

Client Services: 844.630.7500
Benefit Verification: 866.323.2985
Pre-certification: 866.317.5273
Pre-certify to ensure that full benefits will be received.

 **CERPASSRx** Prescription Drug Help Desk: 844.636.7506

Possession of this card does not guarantee eligibility or payment of benefits.
**CerpasRx discount is not insured by Companion Life Ins. Co.

Benefit Verification Instructions for Providers

Step-by-step process for submitting claims

1. Your patient will provide you an ID card for their short term medical plan. Pivot Health plans are underwritten by insurance carrier Companion Life Insurance Company.
2. This fully-insured insurance plan has no PPO network restrictions or requirements. All licensed healthcare providers are accepted.
3. Payment is up to 25% more than what Medicare pays for doctor office visits and up to 50% more for facilities.
4. If you would like to verify insurance benefits, contact the benefit verification line: 866-323-2985.
5. Copay plans (when applicable) can be collected at the time of service for the office visit.
6. Get pre-certified taken care of in advance if necessary. All hospitalizations, other inpatient care, inpatient surgeries or surgical procedures and outpatient IV infusion therapy, radiation therapy and cardiac surgery, must be pre-certified. Contact the pre-certification line at 866-317-5273.
7. Medical claims can be sent to:
Insurance Benefit Administrators (formerly Allied National)
c/o Zelis
Box 247
Alpharetta, GA 30009-0247
EDI Payor ID: 07689
8. You will be contacted by Insurance Benefit Administrators regarding final pricing for the claims submitted in the weeks following submission.